



VIENNA MAIN STREET VOLUNTEER REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email Address _____

Have you ever volunteered before? Yes No

Are you able to volunteer on short notice? Yes No

Do you have any physical limitations or require special accommodations? Yes No

If yes, please specify: _____

How much time do you wish to commit to volunteering? _____

When are you available?
Days Evenings Weekends

Are you currently employed?
Yes No

Please contact me about specific volunteer opportunities involving:
Fundraising Committee Work
Special Events Museum Volunteer

Where? _____

Please check your area(s) of interest and/or skills:
Advertising/PR Media
Arts Performing Arts
Cotton Museum Photography
Events/Promotion Publishing
Fundraising Video/Audio
Gardening/Landscape

I will be able to approach my company about:
(please check all that apply)
Corporate Team Volunteering
Financial Contribution
Event Sponsor
Use of my Company Time
Other In-Kind Services

Please specify: _____

Signed by Volunteer: _____

Date: _____

FOR OFFICE USE ONLY

Registration Form Received by: _____ Date: _____

Information Entered in Database by: _____ Date: _____